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ABSTRACT

This paper summarizes ethnic and other subcultural differences in drinking behavior and drinking problems, with primary emphasis upon the series of U.S. national surveys conducted by the author's Social Research Group during the last 15 years. The author discusses comparative findings from surveys conducted by others in several European countries, drawing attention to the need for comparability of methods in any future studies conducted for the purpose of making cross-national or subcultural comparisons. (Author)

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SUBCULTURAL DIFFERENCES IN DRINKING BEHAVIOR IN U.S. NATIONAL SURVEYS AND SELECTED EUROPEAN STUDIES

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Paper prepared for presentation at

NATO INTERNATIONAL CONFERENCE ON

EXPERIMENTAL AND BEHAVIORAL APPROACHES TO ALCOHOLISM

Bergen, Norway, August 31, 1977

The U.S. studies reported in this paper have been conducted through the support of the National Institute on Alcohol Abuse and Alcoholism and its predecessors during the last fifteen years. The author also wishes to express appreciation for the suggestions of his colleagues at the Social Research Group, especially Robin Room and Dick Bunce.

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I feel it is particularly fortunate that we are holding this international conference on alcoholism in Scandinavia, in view of the many contributions to this field made by researchers in all the Scandinavian countries during the last 20 years. This Scandinavian research has been an inspiration and material benefit to alcohol researchers in the U.S. for many years. We are looking forward to an expansion of collaborative research efforts with Scandinavian and other European colleagues in the immediate future.

Nobody has been impolite enought to ask me to explain what my topic of subcultural differences in drinking behavior has to do with our conference's central theme of experimental and behavioral approaches to alcoholism. Therefore I will merely say, in justification, that we have found such very substantial subcultural differences in the manifestation of drinking behavior and problems in our U.S. studies -- and we have seen similar differences in studies elsewhere -- that we know that clinical and experimental studies need to take account of such subcultural differences in carrying out their work.

Today I will not be presenting a definitive review of cross-cultural comparisons of surveys of drinking behavior and problems, because that task remains yet to be completed through cooperative international research efforts which I hope will be carried out soon. Primarily, my paper is a presentation of a summary of some of our findings on subcultural differences in the drinking behavior surveys we have been conducting throughout the U.S. during the last 17 years, with some commentary on my perception of the general state of survey research on alcohol behavior and problems in Western countries. Sub-group differences in our U.S. surveys may be of special interest to our European

colleagues because we have so many different European backgrounds represented in the U.S. that the rather considerable differences in drinking behavior that we find suggest that more detailed studies in European countries will be likely to find similar differences in drinking behavior between and within individual countries.

Summary of U.S. Drinking Behavior Surveys

The series of national surveys on which I am reporting began in the California Department of Public Health in 1960 under Wendell Lipscomb, Ira H. Cisin, and Genevieve Knupfer in 1960, were continued through national surveys conducted by The George Washington University under Professor Cisin in the mid-1960s, and have been continued by our Social Research Group in Berkeley. In all, we have conducted a dozen community surveys and five national surveys. I will focus my discussion primarily on the findings from the national surveys, particularly those reported in our three books, American Drinking Practices (Cahalan, Cisin and Crossley, 1969), Problem Drinkers (Cahalan, 1970) and Problem Drinking Among American Men (Cahalan and Room, 1974).

Our general-population surveys have been supported by the National Institute on Alcohol Abuse and Alcoholism and its predecessors because they agreed that we have to study the general population -- rather than merely the clinical alcoholic -- if we are really going to understand the processes by which people get into, and out of, the drinking problems included in "alcoholism." Our program of community and national surveys have had three general phases. For the first few years, there was an emphasis upon description of drinking practices and attitudes about drinking (Cisin, 1963; Knupfer et al., 1963; Cahalan, Cisin, and Crossley, 1969). Next there were a number of studies concentrating on specific problems related to drinking (Knupfer, 1967; Clark, 1966; Cahalan, 1970; Cahalan

and Room, 1974). Our current final stage in this series concentrate upon analysis of longitudinal data on drinking behavior and problems within samples of individuals interviewed at two or more times over a span of years. All of these surveys have been strictly controlled (scientifically randomized) probability samplings of the general population aged 21 or older. And now to proceed to summarize the findings from the first phase: drinking practices and attitudes in the general population.

Drinking behavior and attitudes toward drinking

Our early national surveys, as well as those of other U.S. researchers (Keller, 1971; Gusfield, 1962; Bacon, 1962; Haberman and Scheinberg, 1969; Mulford and Miller, 1961; and Harris and Associates, 1971), consistently reflect the conflict in values between U.S. groups (and within individuals) concerning drinking. The generally uninformed state of knowledge and the ambivalent attitudes about drinking in our national surveys fit in very well with our national heritage, especially the classical conflict between the Protestant Ethic values and the hard-drinking behavior of a large number of our citizenry, from the time of the frontiersman to the age of the suburban cocktail circuit.

In our first national survey of 1964-65, we found the highest proportions of heavier drinkers to be among those of about age 40, those of lower social status, those living in larger cities and in the Middle Atlantic, New England, and Pacific areas; and those of Irish or British or Latin-American extraction (Cahalan, Cisin, and Crossley, 1969). However, the groups with the highest proportions of drinkers were not the groups with the highest proportions of heavy drinkers. For example, while Jews and Episcopalians had the lowest proportions of abstainers, they also had extremely low ratios of heavy or problem drinkers.

Abstainers were found more likely to be older persons, of below-average income, from the South or rural areas, of native-born parentage, and from

conservative Protestant denominations. Alcohol appeared to be a greater threat to those of lower economic and social status, possibly because these are more vulnerable and economically insecure than those of higher status.

National surveys of drinking problems

We have now completed four nationwide surveys on the prevalence of specific drinking problems. The first was a followup in 1967 of a subsample of the respondents in the 1964-5 survey of drinking practices just described; the findings have been reported in Problem Drinkers (Cahalan, 1970). The second national survey on drinking problems was conducted in 1969 with a sample of 978 men in the high-risk group aged 21-59 and was reported in Problem Drinking Among American Men (Cahalan and Room, 1974). In the third national study on drinking problems, most of the men aged 21-59 were reinterviewed in 1973 to measure changes in drinking behavior and problems over a four-year span (Cahalan and Roizen, 1974; Roizen, Cahalan and Shanks, 1976). An additional national followup was completed in 1974 among 900 men and women who were first interviewed in the 1964-5 survey and again in the 1967 survey; the data from this three-wave survey are still being analyzed.

All these studies of drinking problems emphasize that what we want to measure is the prevalence of specific types of problems (or potential problems) associated with alcohol, rather than "alcoholism," however defined. As in Knupfer's 1964 San Francisco survey (Knupfer, 1967), our national surveys have covered a number of actual, objective problems and also several potential problems (such as drinking enough to constitute a potential health problem to the individual); we tabulate the various problems separately, as well as in certain combinations. Our national surveys take into account three types of variables in scoring responses on a dozen specific types of problems: (1) the severity of problems in terms of frequency and the presumed gravity of the problem, (2) the certainty or reliability

of measurement (in terms of the number of items used in assessing the problem), and (3) the timing of the problem in terms of whether it is a current problem (that is, within three years) or happened prior to three years ago. The types of problems or potential problems in the 1967 survey were the following:

1) Frequent intoxication

2) Binge drinking

3) Symptomatic drinking: this potential problem refers to signs of Jellinek's "Gamma alcoholism" (1960, p. 37) consisting of signs of physical dependence and loss of control (e.g., drinking to get rid of a hangover, having difficulty in stopping drinking, having blackouts or lapses of memory, skipping meals while on drinking bouts, drinking very rapidly for quicker effect, or sneaking drinks).

4) Psychological dependence

5) Problems with spouse or relatives

6) Problems with friends or neighbors

7) Job problems: having lost a job or nearly lost one because of drinking, having people as work suggest he cut down on drinking, or rating drinking as harmful to one's work and employment opportunities.

8) Problems with law, police, or accidents

9) Health: that drinking had been harmful to the respondent's health and that a physician had advised him to cut down.

10) Financial problems

11) Belligerence associated with drinking (feeling aggressive or cross after drinking, or getting into a fight or heated argument). (This was included as a potential problem, in order later to test the hypothesis that belligerence may often be followed by later increase in interpersonal problems.)

[SHOW TABLE 1] This table summarizes the prevalence of each of the eleven types of actual or potential problems in terms of occurrence during the prior three years. At the bottom of the table is an overall "Current Problems Score," in which each problem is given equal weight (except for health, financial, and belligerance problems, which were given a lesser weight because these had very few items). A "high" overall current problems score could be attained only by having problems in two or more areas, of which at least one would be rated as being in severe form; or problems in three or more areas, of which at least two were at least moderate in severity; or moderate to severe problems in five or more areas; or slight problems in seven or more areas.

The most frequent problems for men were frequent intoxication, symptomatic drinking, psychological dependence, and problems with one's spouse or other relative. As for the women, the only problem which attained a level as high as four per cent was health problems.

Fifteen per cent of the men and four per cent of the women, or nine per cent of the total, were rather arbitrarily classified in the "high" problems category. But this Table 1 clearly shows that where one places the cutting point has an enormous effect on the rate of problem drinking: one can picture the adult population as having a high rate of problem drinking since 43 per cent of the men and 21 per cent of the women and 31 per cent of the total had some degree of one or more of the problems in the preceding three years; or one can put emphasis on the relatively low rate of problems by noting that "only" fifteen per cent of the men and four per cent of the women were classified as being in the more-severe-or-frequent-problems category.

Next we concentrated on measuring drinking problems among men aged 21-59, because this we found to be the group with the highest rate of drinking problems in general. In analyzing this group, we combined data from the 1967 and 1969

TABLE 1[a]

Prevalence of Drinking-Related Problems Over Three Years, By Sex

Type of Problem	MEN (N = 751) None %	Moderate %	High %	WOMEN (N = 608) None %	Moderate %	High %
1. Index of Frequent Intoxication[b]	83	3	14	97	1	2
2. Binge drinking	97	-	3	100	-	*
3. Symptomatic drinking[c]	84	8	8	93	4	3
4. Psychological dependence	61	31	8	85	12	3
5. Problems with current spouse or relatives	84	8	8	96	3	1
6. Problems with friends or neighbors	93	5	2	97	3	*
7. Job problems	94	3	3	98	2	1
8. Problems with police or accidents	99	-	1	99	-	1
9. Health[d]	88	6	6	93	4	4
10. Financial problems	91	6	3	98	2	1
11. Belligerence associated with drinking	88	8	4	93	5	3
Current Problems Score, combining results for the 11 specific problems, (High score: 7+ of a maximum of 58)	57	28	15	79	17	4

[a] From Table 1, Problem Drinkers, Cahalan, 1970.

[b] Components: frequency and amount-per-occasion, and frequency of getting high or tight.

[c] Positive responses to such items as difficulty stopping drinking, blackouts, sneaking drinks.

[d] Physician told respondent to cut down drinking.

Note: All percentages in the tables in this paper represent weighted findings projectable against the household population. Numbers (e.g., N = 751) are the actual number of interviews in the group specified. Tables add horizontally for each sex. Totals may vary from 100 per cent because of rounding each figure to nearest whole per cent.

* Less than one-half of one per cent.

surveys to get a larger total in this high-risk group. We will now discuss several tables of findings from this group.

[SHOW TABLE 2] Note that the general rate of problems is almost invariably much higher among those 21-24 years old than among older men, and is about twice as high in Current Overall Problems Score for the 21-24 age group than even for the next oldest (25-29) group. This concentration of drinking problems among men aged 21-24 is dramatically at variance with data on the age of the average clinical alcoholic, which is around 42. However, this pronounced age trend is borne out in all our studies of the general population. It is also borne out in studies Cisin and I (1972, 1975) have directed within the armed forces.

Concerning socio-economic status, this table [SHOW TABLE 3] supports our earlier findings that persons of lower status have a higher proportion of abstainers, but that those of lower status who do drink tend to have a higher-than-average rate of heavier drinkers than among higher-status persons. This five-category typology of drinking problems shows that those of lowest status have a higher absolute rate of drinking problems than other persons, and that the ratio of Consequences of drinking to Heavy intake or binge drinking is also higher for those of lower status. This is another way of saying that more of the poor tend to get into trouble over their drinking, out of all proportion to the number who drink heavily.

We classified regions of the country into "wetter" and "dryer," in terms of past voting or survey findings on prohibition sentiment. The "Dryer" areas are shown in this next table [SHOW TABLE 4] to have a higher proportion of men aged 21-59 with interpersonal problems related to drinking (the "high consequences"), relative to their rate of heavy intake without interpersonal consequences, than is true for men in "Wetter" areas. In other words, it is harder to avoid drinking problems if one drinks in a

TABLE 2[a]

Higher Severity Level for Specific Current Problems by Eight Age Groups (combined 1967-69 surveys)

	(n)	21-24 (147) %	25-29 (204) %	30-34 (186) %	35-39 (216) %	40-44 (226) %	45-49 (201) %	50-54 (199) %	55-59 (182) %	Total (1561) %
1.	Heavy Intake	7	7	5	7	6	3	5	6	6
2.	Binge Drinking	10	3	3	3	1	2	4	2	3
3.	Psychological Dependence	5	4	4	4	4	5	4	3	4
4.	Loss of Control	12	5	4	5	7	5	4	4	6
5.	Symptomatic Drinking	26	11	8	7	6	10	9	3	9
6.	Belligerence	15	12	10	8	7	8	6	2	8
7.	Problems with Wife	19	17	15	10	9	9	11	6	12
8.	Problems with friends or neighbors	15	5	7	5	4	4	6	4	6
9.	Problems on job	10	4	3	5	5	5	6	2	5
10.	Police Problems	10	4	2	2	2	2	4	1	3
11.	Health or injuries from drinking	8	4	5	6	4	6	8	6	6
12.	Finances	11	4	6	4	3	2	4	3	4
13.	Current Overall Problems Score 7+	40	22	20	21	17	17	17	11	20

[a]From Cahalan and Room, Problem Drinking Among American Men, 1974.

TABLE 3[a]

Drinking Problems Typology for
Four Social Position Groups, Men Aged 21-59

	(n)	Non-drinker[f] %	Drank, no problems[e] %	Potential problems only[d] %	Heavy Intake or Binge, Not Consequences[c] %	High Consequence Score 3+[b] %
Lowest Social Position	(281)	19	22	19	14	26
Lower Middle	(411)	17	38	19	10	17
Upper Middle	(401)	14	39	24	15	8
Highest Social Position	(468)	11	47	22	11	9
Total	(1561)	15	38	21	12	14

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[a] From Cahalan and Room, 1974, Table 22.

[b] High Consequences Score of 3+: Tangible Consequences, i.e., social consequences, health or injury problems associated with drinking, or financial problems.

[c] Intake or Binge: Not in above, but at least minimal severity Intake or Binge problems.

[d] Potential Problems Only: Not in the above groups, but a problem of at least minimal severity in any problem area.

[e] Drank, No Problems: has been a drinker within the last three years, but not in any of the above groups.

[f] Non-drinkers: did not drink during last three years.

TABLE 4[a]

Current Problems Typology[b] by Region, in Per Cent

	N	Non-drinker %	Drank: No Problems %	Potential Problems Only %	Heavy Intake or Binge: No Consequences %	High Consequences %
Dryer Regions						
South Atlantic	(156)	28	30	19	12	12
East South Central	(113)	29	30	16	5	20
West South Central	(188)	23	40	17	5	14
West North Central	(134)	10	47	17	12	14
Mountain	(61)	21	33	26	3	16
Totals	(652)	22	37	18	8	15
Wetter Regions						
New England	(89)	7	43	33	11	7
Middle Atlantic	(288)	7	39	20	19	15
East North Central	(353)	13	41	22	13	12
Pacific	(179)	10	32	27	14	16
Totals	(909)	10	39	23	15	13

[a]From Cahalan and Room, 1974, Table 17.

[b]Defined in Table 3 footnote, above.

traditionally "Dryer" area. (Similar patterns of "wet" vs. "dry" areas have been reported by Nils Christie, 1965, in his comparison of Finnish and Dannish drinking.) One implication is that efforts to minimize drinking problems could be more efficient if they took into account local cultural traditions: this is one indication that no single national prevention program will fit all regions.

As concerns ethnoreligious groups [SHOW TABLE 5], most Jewish men were found to drink at least a little, but relatively few drank heavily or got into trouble over their drinking. Most Catholics and liberal Protestants ("Liberal" in terms of their churches' stands on drinking) do drink, and a higher-than-average proportion of them get into trouble over their drinking; Conservative Protestants -- denominations favoring abstinence -- show a higher proportion of abstainers but also a relatively high ratio of Consequences in relation to Heavy Intake or Binge Drinking. These findings agree with Gusfield's writings (1962) about the history of connections between religious affiliation and attitudes toward alcohol.

Changes in drinking-problem status over several years

The final stage in this 15-year series of surveys has been to assess the correlates of change in drinking practices and problems over time. Longitudinal studies are crucial to the study of cause/effect relationships because only with studies of individuals at two or more points in time is it possible to determine which prior events and states of mind preceded which later events.

A San Francisco probability sample of men aged 21-59 initially interviewed in 1967 and reinterviewed in 1972 first made it possible for use to measure detailed changes over a period of several years (Clark and Cahalan, 1974). The traditional expectation if one follows Jellinek's models (1960) is that alcoholics

TABLE 5

Current Problems Typology by Ethnoreligious Categories
(combined 1967-69 surveys)

Ethnoreligious category[a]	(n)	Non-drinker %	Drank, no problems %	Potential problems only %	Heavy Intake or Binge Not Consequences %	High (3+) Consequences Score %
British:						
Catholic	(34)	12	35	27	18	9
Liberal Protestant	(48)	13	31	38	8	10
Conservative Prot.	(204)	20	39	22	3	16
Irish:						
Catholic	(77)	4	33	27	16	21
Conservative Prot.	(74)	27	46	15	3	10
German:						
Catholic	(76)	7	40	21	22	11
Liberal Protestant	(86)	12	47	24	9	8
Conservative Prot.	(120)	22	42	21	7	9
Italian:						
Catholic	(64)	5	52	14	23	6
Latin American:						
Catholic	(42)	10	10	21	17	43
Jewish	(40)	8	60	25	5	3
Black:						
Conservative Prot.	(97)	18	23	16	13	31
Eastern European:						
Catholic	(71)	6	38	21	21	14
Other ethnicity:						
Catholic	(114)	7	42	26	11	13
Liberal Protestant	(56)	5	43	18	23	11
Conservative Prot.	(158)	34	35	15	8	8

[a]Categories with small N's are omitted from this table. Ethnicity is defined by religion for Jews, by race for Blacks, by "country most ancestors come from" for the remainder.

Source: Cahalan and Room, 1974, Table 27.

will accumulate increasing numbers of problems over time, with the "early symptoms" of progressive alcoholism not being replaced by later symptoms, but being merely added to problems already existing (Room, 1970). However, the San Francisco findings were at variance with the conventional expectation, because there was not found to be much "snowballing" of problems in more and more areas of the person's life with the passage of time. While the proportion who no longer had the same problem at Time 2 was quite high, ranging from 50 to 96 per cent, people with any specific drinking problem at Time 1 tended to have some type of problem at Time 2, although not necessarily the same problem. Another finding was that those with specific problems at Time 1 tended to have high rates of heavy intake or binge drinking at Time 2.

We conclude from this San Francisco study that continuity of specific problems over time is rather low, but that the probability of future involvement in some alcohol problems -- but not necessarily the same ones -- is increased if one develops alcohol-related problems. Thus the "progressive disease" concept of problem drinking is open to question. However, the fact that those who have drinking problems at one time tend to have drinking problems of varying kinds at a subsequent time may imply that environmental factors may play a considerable part in determining the type of alcohol-related problems that may occur.

A national probability sample measuring change over four years was also conducted as part of this same series. In this survey, 725 men aged 21-59 were first interviewed in 1969 and again four years later. The findings bear out the San Francisco findings of a high turnover or change in drinking problems: about as many shifted into, or out of a drinking-problem status as stayed in a drinking-problem status.

Our analysis of our longitudinal data is still in progress: we completed another national followup survey two years ago which will provide sufficient numbers to permit us to study changes in drinking problems in even greater detail. However, we already have sufficient evidence to conclude that the "symptom" or "prodromal" status of specific drinking problems as predictors of later and more serious problems has been considerably overrated, since our general-population change data suggest that an "early warning" prediction based on such "symptoms" will yield a substantial number of false positives who will never get into serious trouble. We believe that the high rates of turnover in drinking problems will be found to be highly associated with specific environmental circumstances and life events; and we are now conducting an intensive analysis of the impact of life events or environmental circumstances upon changes in drinking problems. We will have more to report on this within the near future.

Comments on the State of Subcultural Comparisons Through Surveys

And now, a few comments about the status of cross-cultural comparisons of drinking behavior through the conducting of surveys. Again, I am not in a position to present a definitive review, because that task remains to be done -- I hope, within the next few years -- through international collaborative efforts of a number of researchers. However, I did want to draw your attention to a couple of excellent interim critiques of cross-cultural survey comparisons, and then to close by venturing a few opinions on what needs to be done in comparative cross-cultural alcohol survey reviews.

First, I hope all of you have read or will get a copy of Salme Ahlström-Laakso's excellent paper on "European Drinking Habits: A Review of Research and Some Suggestions for Conceptual Integration of Findings" which she presented at an anthropology conference in 1973 (Everett, Waddell, and Heath, eds., 1976).

In her paper, she pointed out that while Europeans account for a disproportionately high share of the world's alcohol consumption, there are considerable variations between European countries: for example, a larger proportion of Danes and Swedes drink at least occasionally that is true for Finns and Norwegians. She also discusses how it is that while there is a high proportion of teetotalers in Finland, the Finns as a whole tend to drink to get drunk more often than is true for the Italians, more of whom drink but who tend to consider alcohol as part of everyday life insofar as having wine as an accompaniment to meals. I think it is obvious that such differences should be studied intensively, both between and within countries, to establish not only their extent but also what implications the social perceptions of the use of alcohol have on future preventive or treatment programs. Only through comparative studies is it possible to transcend one's own narrow cultural influences to get a fresh perspective on what preventive or remedial programs are most likely to be effective for what types of subcultures.

Dr. Ahlström-Laakso also recommends three foci of research which she believes will be fruitful in future cross-cultural alcohol research. One is to study the integration or segregation of alcohol consumption (for example, whether alcohol is used in conjunction with meals or is preferred on an empty stomach). A second area of interest she mentions is to study the interplay between formal and informal social controls (for example, in Finland, Helsinki has higher rates of arrests for drunkenness than Copenhagen, even though the frequency of drunkenness is higher in the Finnish capital than in the Danish). She also points to the importance of studying changes in drinking habits due to cultural diffusion: for example, in Finland, more people are adding imported wine to their consumption of beer and distilled liquors; and all of us can think of anecdotal examples of cultural diffusion of drinking habits, such as the adoption of whiskey-drinking

among Parisians and in the Tokyo expense-account community. I might add that one of my students recently completed a dissertation bearing on cultural diffusion Ben Simboli's study of our national sample data on recent vs. multi-generational immigrants to the U.S. from Italy found that those who had been in the States for three or more generations did keep a good deal of the wine-drinking habits of their forefathers -- BUT they also added a substantial amount of spirits and beer to their drinking; and they also show a trend toward acculturating to the average American rates for drinking problems (Simboli, 1976).

Dr. Ahlström-Laakso's paper also contains many useful suggestions on how the gathering of international alcohol-relevant statistics might be improved from their generally unreliable and unstandardized state -- on which I will have additional comments in a moment. She ends her review article by saying,

> Epidemiological alcohol studies carried out from time to time have the important function of acting as a gauge for the alcohol or temperance situation. Parallel studies are also needed, however, to bring to light the substantive content of the changes taking place and the processes by which they occur.

Another recent paper with a great deal of information and useful suggestions on what is available for cross-cultural comparisons through alcohol surveys and how the content and utilization of such surveys may be improved in the future, is the article written by my colleague, Robin Room, for the World Health Organization report on Alcohol-Related Disabilities (1977) published this year. Robin's paper, entitled "Measurement and Distribution of Drinking Patterns and Problems in General Populations," provides a general account of what has been happening in the increase in the number and sophistication of alcohol surveys in many Western countries during the last 30 years. He makes the point (as does Dr. Ahlström-Laakso) that most of these surveys are decriptive in nature and tend to have been done with limited administrative or policy considerations in mind. He discusses demographic

variations in drinking patterns which show differences by sex; differences by age groups (with abstention tending to be declining among the young across a range of countries); by social class (where in the U.S. and England and Finland, abstention is linked with lower status in areas where drinking is traditionally heavy, but with higher status in some of the areas where drinking is less heavy); by urbanization (where generally drinking is heavier in the more urbanized areas, but not so in Poland, as reported by Swiecicki, 1972); and by regions of the country, where differences were found for France, and also for the U.S., where explosive and intermittent very heavy drinking in the traditionally alcohol "dry" areas appears to play much the same role as in Finland.

Robin also makes the point that surveys about drinking problems are everywhere much less available than they should be: that there needs to be much more attention to dis-aggregating problematic drinking behavior and drinking problems, so that we can deal with specific drinking problems more directly and realistically, rather than putting so much emphasis upon trying to find scales to identify or predict a single classical type of clinical "alcoholic." He also makes a very strong case for more longitudinal studies of drinking practices to assess the etiology of drinking problems, as well as making a plea for the international alcohol research community's concentrating more effort toward achieving comparability in various countries' surveys insofar as measures of quantity, frequency, and variability of drinking. (An excellent illustration of early cooperation toward achieving comparability in cross-cultural alcohol studies was the work of the Nordic Committee for Alcohol Research wich began working in 1959 toward that goal; see Bruun and Hauge, 1963. Dr. S. Brun-Gulbrandsen of the National Institute for Alcohol Research also was an early advocate of comparability in alcohol studies, 1973.) I heartily agree with Robin that we don't want to see an

imperialistic approach in trying to bring about more comparability of measurements from country to country; but at least we should try harder to make sure that accidental differences in survey questions that can be avoided don't make it impossible to compare survey results between countries or subcultures.

Two additional papers, as yet unpublished, that are available from our Social Research Group upon request, will be of interest to those interested in cross-cultural comparisons of drinking behavior. These papers have been prepared through grants or contracts from the NIAAA. One of these is a staff paper by Richard Bunce and Pamela Street, entitled "Cross-National File of Surveys on Drinking Practices (Non-U.S.)", which summarizes the content and sample sizes and characteristics of sample surveys from 53 different countries. The other is a new draft paper by Richard Bunce and Robin Room, entitled "International Alcohol Statistical Indicators," which compares many of the traditional types of alcohol-related aggregate statistics and discusses problems of reliability and validity in the collection and analysis of these types of data.

Conclusion

In conclusion, I would like to summarize my perspectives on the present state of the art in surveys of drinking practices and problems:

1. Substantial progress has been made in several European countries and the U.S. and Canada during the last 20 years in conducting surveys which meet sufficiently high technical standards to be useful in policy planning.
2. The available data from individual surveys of complex societies with many subcultures (such as the U.S. surveys I discussed earlier) and from comparative analyses of differences in drinking behavior in various European countries (as provided by Ahlström-Laakso's paper) clearly reveal important sub-group differences which should lend encouragement to our intensifying our efforts to utilize cross-cultural comparisons to a greater extent.

Only through such cross-cultural studies can we achieve the depth of understanding of how drinking behavior and problems develop, that we need in order to provide research findings that are highly useful to the policy-planners of the future.

3. There is, I believe, an urgent need to conduct more parallel surveys which permit comparisons of various countries and subcultures as regards drinking behavior and problems. Particularly needed are more longitudinal studies which permit charting relative changes over time in various subcultures, so we can do a better job of understanding the reasons back of change in drinking behavior and problems.

4. We should work with WHO and informal ad hoc associations of alcohol researchers to bring about better standardization of at least a minimum number of variables in surveys (such as frequency, quantity, and variability of drinking), and in the gathering of aggregate official alcohol-relevant statistics (such as cirrhosis mortality, accident rates, and alcohol-related crime and dependency). We need not only to have more opportunity to make comparisons among surveys of drinking behavior that are comparably conducted, and among cross-cultural sets of official statistics that are comparably administered, but also to permit us to do a better job of interrelating survey findings and aggregate alcohol-indicator statistics within and between countries and subcultures, so as to achieve a better understanding of the reasons back of trends in drinking behavior.

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